

03 - 24 - 05

IPW/3738



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Jan Eirik Ellingsen *et al.*

Serial No.: 10/010,140

Filed: December 6, 2001

For: MEDICAL PROSTHETIC DEVICES AND IMPLANTS
HAVING IMPROVED BIOCOMPATIBILITY

Attorney Docket No.: AWZ-003

Group Art Unit: 3738

Examiner: David J. Isabella

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR WITHDRAWAL OF
ERRONEOUS NOTICE OF ABANDONMENT

Dear Sir:

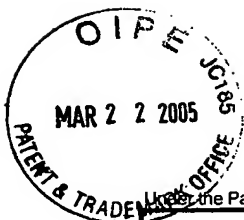
A Notice of Abandonment was mailed from the PTO on February 23, 2005, indicating that Applicants failed to timely file a reply to the Final Office Action mailed on January 23, 2004. Applicants filed an Amendment and Response, Request for Continued Examination and a concurrent Five-Month Extension of Time on February 22, 2005. Copies of the Express Mail Label and postcard, date-stamped by the PTO, are also enclosed to verify the submission.

It is respectfully requested that the erroneously-issued Notice of Abandonment be withdrawn and that the application be revived. If a telephone conversation with Applicants' Attorney would be useful, please call me at (617) 227-7400.

Respectfully submitted,

Cynthia M. Soroos
Registration No. 53,623
Attorney for Applicants

LAHIVE & COCKFIELD, LLP
28 State Street
Boston, MA 02109
Tel. (617) 227-7400
Date: March 22, 2005



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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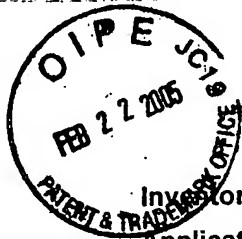
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/010140-Conf. #4761
		Filing Date	December 6, 2001
		First Named Inventor	Staale Petter LYNGSTADAAS
		Art Unit	3738
		Examiner Name	D. J. Isabella
Total Number of Pages in This Submission	3	Attorney Docket Number	AWZ-003

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for Withdrawal of Erroneous Notice of Abandonment (1 page); Certificate of Express Mail (1 page); Copies of date-stamped Express Mail Receipt and return postcard (2 pages); Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Cynthia M. Soroos		
Date	March 22, 2005	Reg. No.	53,623

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Dated: March 22, 2005	Signature: (Cynthia M. Soroos)



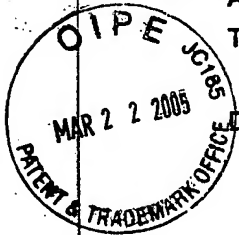
Atty Docket No.: AWZ-003RCE

Inventor: Jan Eirik ELLINGSEN *et al.*

Application No.: 10/010140-Conf. #4761

Filing Date: December 6, 2001

Title: MEDICAL PROSTHETIC DEVICES AND IMPLANTS HAVING IMPROVED BIOCOMPATIBILITY



Documents Filed:

Request for Continued Examination Transmittal (1 page)

Amendment and Response (9 pages)

Five Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Fee Transmittal (1 page; in duplicate)

Return Receipt Postcard

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Application No. (if known): 10/010140

Attorney Docket No.: AWZ-003

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Cynthia M. Soroos

Typed or printed name of person signing Certificate

53,623
Registration Number, if applicable

(617) 227-7400
Telephone Number

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Transmittal (1 page)

Request for Withdrawal of Erroneous Notice of Abandonment (1 page)

Date-stamped copies of Express Mail Label and Return Postcard (2 pages)

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Mo. 7 Day 22 Year 5	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$ 13.6	
Time In	Military	Return Receipt Fee	
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		
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lbs. 3.6 ozs.			
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<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	MA	\$ 13.6	

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Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise or services may be added to this shipment. If a waiver of signature is requested, I wish delivery to be made without signature of addressee or addressee's agent (if delivery employee judges the location) and I authorize that delivery employee's signature (or location) be taken as valid proof of delivery.		
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		

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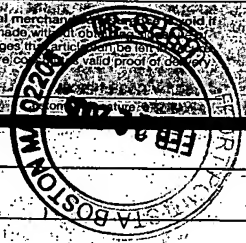
FROM: (PLEASE PRINT) PHONE (617, 227-7400

LAHIVE & CUCKFIELD LLP
28 STATE ST FL 24
BOSTON MA 02109-1784
Cynthia M. Soroos, Esq.
AWZ-003RCE

TO: (PLEASE PRINT) PHONE

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